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Book 2014 Page 2391 Type 43 001 Pages 5 Date 9/24/2014 Time 10:40 AM

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INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

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## REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

	101	BE COMPLETED BY TRANSFER	(OR	
TRANSF				
Name	Kelly S. Ward and Kristi	ne R. Ward		
Address	3693 Highway 63, Tama,	IA 52339		
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:		·	
Name	Robert L. Ellis and Margi	e J. Ellis		
Address	102 - 3rd Street NW, Mite	chellville, IA 50069		
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: Ilstream Avenue, Peru, IA	50222		
Nun	nber and Street or RR	City, Town or P.O.	State Zip	
Legal Des	scription of Property: (Attac	ch if necessary) Parcel "A" located in f Section Six (6), Township Seventy-four	n the Northwest Fractional Quarter (N'	<u>W</u>
		a, containing 3.037 acres, as shown in Pla		
	996, in the Office of the Recorder		tof Survey fried in Book 2, Fage 099	
2. Solid X Th	ated below or set forth on Waste Disposal (check on here is no known solid was	ated on this property. The type(s) an attached separate sheet, as not be.  Ste disposal site on this property. sal site on this property.	ecessary.	
	dous Wastes (check one			
<u>X</u> Th Th At	nere is no known hazardou nere is hazardous waste o ttachment #1, attached to t	us waste on this property. n this property and information re this document.	lated thereto is provided in	
	ground Storage Tanks (			
sn		round storage tanks on this proper otor fuel tanks, most heating oil to		, in
Tr	nere is an underground sto	orage tank on this property. The t listed below or on an attached se		

Chat Stone

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

5.	Private Burial Site (check one)
	X There are no known private burial sites on this property.
	There is a private burial site on this property. The location(s) of the site(s) and known
	identifying information of the decedent(s) is stated below or on an attached separate sheet, as
	necessary.
6.	Private Sewage Disposal System (check one)
•	All buildings on this property are served by a public or semi-public sewage disposal system.
	This transaction does not involve the transfer of any building which has or is required by law to
	have a sewage disposal system.
	X There is a building served by private sewage disposal system on this property or a building
	without any lawful sewage disposal system. A certified inspector's report is attached which
	documents the condition of the private sewage disposal system and whether any modifications
	are required to conform to standards adopted by the Department of Natural Resources. A
	certified inspection report must be accompanied by this form when recording.
	There is a building served by private sewage disposal system on this property. Weather or
	other temporary physical conditions prevent the certified inspection of the private sewage
	disposal system from being conducted. The buyer has executed a binding acknowledgment
	with the county board of health to conduct a certified inspection of the private sewage disposal
	system at the earliest practicable time and to be responsible for any required modifications to
	the private sewage disposal system as identified by the certified inspection. A copy of the
	binding acknowledgment is attached to this form.
	There is a building served by private sewage disposal system on this property. The buyer has
	executed a binding acknowledgment with the county board of health to install a new private
	sewage disposal system on this property within an agreed upon time period. A copy of the
	binding acknowledgment is provided with this form.
	There is a building served by private sewage disposal system on this property. The building to
	which the sewage disposal system is connected will be demolished without being occupied. The
	buyer has executed a binding acknowledgment with the county board of health to demolish the
	building within an agreed upon time period. A copy of the binding acknowledgment is provided
	with this form. [Exemption #9]
	This property is exempt from the private sewage disposal inspection requirements pursuant to
	the following exemption [Note: for exemption #9 use prior check box]:
	The private sewage disposal system has been installed within the past two years pursuant to
	permit number
	portinit, realities in the second sec
nf	formation required by statements checked above should be provided here or on separate
	eets attached hereto:
311 314	all is directly south of home near large tree
M	Ell 13 Mirechy South of home man large free
	septic is north west of NW Corner of home aprox 25 yards.
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	AND THAT THE INI CINIMATION STATED ADOVE IS THOS AND CONNECT.
21	moture: Well 1. 11/11/19 Tolophone No. (6/1) 10/ 6062
οιĈ	gnature: Telephone No.: (641) 484-6862



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## Time of Transfer Inspection Worksheet

Alarms \(\) \(\) Working?	di	1/1/	
10	Timers_NO_	sinecton / V V · W	AKING (
Control box DO	Timers_///	inspection ports	<u>0</u>
Other components			
The same of the sa			
Overall condition of the private	sewace disposal system		
'Acceptable?	u	nacceptable?	
Explain (attach additional page	s as needed):		•
System in 9	erod Working	Condition,	AS TIME
	ion - Effluen		D to Cemoul
Comments: and C	lean.		,
Site status at conclusion of Tim	e of Transfer inspection:		
a Varify floor name	role are not no the annual		
• Power is on to a	rols are set on the appropri Il components.	nie mode.	
	onents to verify lids are se	cure.	
	for removal from the site.	•	
Actual man no se	ewage is on the ground sur	tace.	
Using this worksheet, write a n	arrative report of the inspe	ction results.	•
Submit a copy of this report, in	cluding your narrative, to f	he city/county environme	ntal health
office, the DNR and the county	Recorder in the county wi	ere the inspection was co	nducted.
This report indicates the conditi	ion of the private sewage d	isposal system at the time	of
the inspection. It does not guar	antee that it will continue t	to function satisfactorily.	
Signature of Certified inspector	: Cant	Dete:	7/30/14
Name (print): Ally Address: 5731 SE 6	THOMAS	Certifica	te#: <u>8809</u>
Address: 5731 SE 6 Phone # 515-681-117	B DSM		
	<del></del>		



## Time of Transfer Inspection Report (DNR Form 542-0191)

Property miorinals in
current owner Kelly & Cristine WARD
Buyer Realtor
Mailing address
Site Address/County 28/3 Mill Stream Peru, IA Madison Co Legal Description
No. of bedrooms 3 Last occupied? Content Records available YES  Permit/installation date UNKNOWN Separation distances of no? 10ft +
Permit/installation date UNKNOWN Separation distances of no? 10+6 +
Septic system information
Septic tank(s): size 125021 material Concrete condition 0/C  Tank pumped? 1/24   4 licensed pumper 1707045 (SUD).  Septic/trash/provessing tank: size   material condition    Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr size  Tank pumped? date licensed pumper  Maintenance contract? expiration date service provider  Condition
Pump tanks/vaults: type size condition
Distribution system: distribution box Coly outlets used 3 condition OK  Header pipe(s) # of lines Pressure dosed? NO
length of absorption fields 300 ft determined by Records determined by type of trench miterial 36" CHAMBERS
Size of sand filter determined by  Vent pipes above grade? discharge pipe located?  Effluent sample taken? Results
Media filters: type  Maintenance contract? expiration date service provider  Condition

